

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL ASSOCIATION FOR GUN RIGHTS INC PAC		FEC IDENTIFICATION NUMBER ▼ C C00481200	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 07 / 03 / 2014</div>	

Full Name of Payee The Printing Express		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 21 Warehouse Rd		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3005.27</div>	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : SE.43642
Purpose of Expenditure Postcard Printing and Mailing		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">003</div>	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate JODY HICE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">3005.27</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
City	State	Zip Code	
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"></div>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3005.27</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Barry Walter Jr.

[Electronically Filed]

Date

 MM / DD / YYYY
 08 / 20 / 2014

Signature